Department of LABOR AND INDUSTRIES

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PROVIDER BULLETIN

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THIS ISSUE

Interpreter Services

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http://www.lni.wa.gov/hsa/hsa_pbs.htm

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Purpose

This Provider Bulletin updates payment policies and fee schedules for interpreter services. This bulletin replaces Provider Bulletin 99-09 and the section titled "Interpreter Services" from the "Professional Services" chapter of the July 1, 2002 *Medical Aid Rules and Fee Schedules*. It applies to interpretive services provided to injured workers or crime victims who have limited English language abilities or sensory impairments receiving benefits from:

- The State Fund
- Self insured employers and
- The Crime Victims' Compensation Program.

This policy is effective for dates of service on or after March 1, 2003.

What Is Changing?

- Clarification of the record documentation that must be kept by each interpreter.

- Interpretive services will be paid per minute. It is the department's expectations that an interpreter's workday will generally not exceed 8 hours per day. This expectation is based on the assumption that an interpreter needs to be alert and attentive to provide the highest quality of professionalism and accuracy in their work. Any billed interpreter time that exceeds 8 hours in a workday will be the basis for pre and post payment review.

- Mileage is paid point to point from the first mile. Over 50 miles billed per single claimant or 75 miles for multiple claimants will be a basis for department review.

- The maximum wait time is increased to 60 units (60 minutes) per day per interpreter. If wait time exceeds 60 minutes it will be a basis for pre and post payment review.

- The fee for wait time will now be one half (1/2) of the regular oral interpretation fee in order to be consistent with the department's other fee schedules.

Definitions

Claimant
Injured workers covered by the State Fund or self-insured employers (or their third party administrators), and victims of crime covered by the Department of Labor and Industries' Crime Victims' Compensation program.

Department
In this publication, this term refers to the Department of Labor and Industries including the State Fund, self-insured employers or their third party administrators, and/or the Crime Victims' Compensation program.

Interpretation
The oral or manual transfer of a message from one language to another language.

Interpreter Services
Providing interpretation between injured workers and health care or vocational service providers.

Interpreter Service Time
Direct service time that:
- Begins when the worker(s) goes into the exam room or other place where direct health services are provided (e.g., vocational provider's office, lab, physical therapy room, pharmacy).
- Ends when the worker(s) completes the appointment.
- Does not include travel time to the initial appointment and travel time after the completed services.

Insurer
Refers to the department (Department of Labor and Industries), the self-insured employer (or their third party administrator), or the Crime Victims' Compensation program.

Source Language
The language from which an interpretation and/or translation is rendered.

Target Language
The language into which an interpretation and/or translation is rendered.

Translation
The written transfer of a message from one language to another.

Wait Time
The time the interpreter spends in the provider's waiting room beginning from the worker's scheduled appointment time and ending when the worker enters the area where direct services are provided.

Standards for Interpreter Conduct when Providing Services to Injured Workers

The department has a responsibility to make sure that injured workers and victims of crime receive proper and necessary services. The following requirements outline the department's expectations for quality interpretive services, including:

- Accuracy and completeness
- Confidentiality
- Impartiality
- Competency
- Maintenance of role boundaries
- Responsibilities toward the claimant and provider.

Accuracy and Completeness

- Interpreters must always communicate the source language message in a thorough and accurate manner.
- The interpreter must not change, omit or add information during an interpreting assignment even if asked to do so by the claimant, the provider or another party.
- The interpreter must not filter communication, advocate, mediate, speak on behalf of either party, or in any other way interfere with the right of individuals to make their own decisions and speak on their own behalves.
- The interpreter must give consideration to linguistic differences in the source and target languages, and preserve the tone and spirit of the source language.

Confidentiality
The interpreter must not give out information about an interpretation job without specific permission of all parties or unless required by law. This includes content of the assignment such as:

- Time
- Place
- Identity of the people involved
- Purpose.

Impartiality
The interpreter must not discuss, counsel, refer, give advice, or state personal opinions or reactions to any of the parties for whom he or she is interpreting.

The interpreter must turn down an assignment if he or she has a vested interest in the outcome or when any situation, factor or belief exists that represents a real or potential conflict of interest.

Competency
The interpreter must be:

- Fluent in English
- Fluent in the claimant's language
- Fluent in medical terminology for both languages.

The interpreter must not accept an assignment that requires knowledge or skills beyond his or her competence.

Maintenance of Role Boundaries
Interpreters must not engage in any other activities that may be thought of as a service other than interpreting, such as phoning claimants directly.

Responsibilities Toward the Claimant and Provider
The interpreter must ensure that all parties understand the interpreter's role and obligations. The interpreter must:

- Inform all parties that everything said during the appointment will be interpreted and that they should not say anything that they don't want interpreted.
- Inform all parties that they will respect the confidentiality of the claimant.
- Inform all parties that they are obligated to remain neutral.
- Disclose any relationship with any party that may influence or someone may perceive to influence the interpreter's impartiality.
- Accurately and completely represent their certification, training and experience to all parties.

Who May Interpret

Who is eligible to interpret for health care and vocational services?
To serve as an interpreter for health care treatment, independent medical examinations (IME) or other medical or vocational evaluations requested by the insurer, interpreters must meet the following criteria:

- The interpreter must be fluent in English and in the claimant's language, including fluency in medical terminology for both languages.
- The interpreter must NOT be an attorney, an employee of a law firm or an agent of an injured worker's employer of injury.
- An interpreter for an Independent Medical Exam (IME) must NOT have an existing family or personal relationship with the claimant.
- An interpreter for an insurer requested IME must be an impartial and independent translator qualified to be a witness under RCW 5.60 et seq.
- The interpreter must have an active L&I provider account number.

Who Is Eligible to be Paid

Who is eligible to be paid for interpretive services?
To be eligible for payment, the interpreter must meet the following criteria:

- Meet the requirements defined above in "Who is eligible to interpret for health care and vocational services?"

AND

- Have an active L&I provider account.

An interpreter is NOT eligible for payment if he/she:

- Has an existing family or personal relationship with the claimant.
- Is the medical, health care or vocational provider.
- Is an employee of the provider serving the claimant and his/her primary job function is not interpreting

Who May Request and Select Interpreter Services

Who may request interpretive services and select an interpreter?
Any person may request interpretive services on behalf of a claimant. However, before authorizing interpretive services, the claim manager must verify the claimant's need based on information from the health care or vocational provider.

The requesting party or insurer may select and request services from an eligible interpreter as defined above in "Who is eligible to interpret for health care and vocational services?"

Obtaining Authorization

Authorization requirements

Initial Visit
Authorization is not required for the claimant's initial visit. The insurer will pay for interpretive services needed during the initial visit regardless of whether the claim is later allowed or denied. This initial visit includes interpretive services needed to obtain accident or medical history information or to fill out the appropriate State Fund or self-insured forms.

Other Services Prior to Claim Allowance
When interpretive services are required for additional visits prior to claim allowance, the provider may request the services of an eligible interpreter. The insurer **will not** pay for these services prior to claim allowance. If the claim is later allowed, the insurer will decide whether to authorize and pay for interpretive services.

Only interpreters may bill the department for interpretive services. The health care provider, injured worker or other party may pay for interpretive services provided prior to claim allowance. If the claim is later allowed and an interpreter has received payment from someone other than the insurer, the interpreter must refund in full all payment received from the other party and accept the department's maximum payment as full and complete payment. If the insurer does not allow the claim, or determines interpretive services are not necessary, the person requesting the services is responsible for the bill.

Services for Open Claims
Prior authorization is required for interpretive services for open claims. Before authorizing interpretive services, the insurer must verify the claimant's need based on information from the health care or vocational provider. Once authorized, interpretive services do not need repeat authorization. Interpreters are responsible for verifying the status of the claim and that the insurer has authorized interpretive services.

For an Independent Medical Exam (IME), the insurer will automatically authorize interpretive service when the need is evident from the claimant's file.

Reopening a claim
If a worker applies to reopen a claim, the insurer will initially pay only for interpretive services related to completing and submitting the reopening application.

Additional interpretive services provided while the insurer is determining whether to reopen the claim will be treated in the same manner as services described above in "Other Services Prior to Claim Allowance." No prior authorization is needed.

Document Translation
The insurer may request translation of specific documents. This service may be requested only by the insurer, and must be authorized each time the service is needed. The insurer will not pay for interpreter services performed at the request of the worker.

Billing Requirements – Payment & Fees

Provider Account Numbers
All interpreters must have an individual provider number with the department of Labor & Industries. Interpreters must submit bills to the insurer using his or her own L&I provider account number. An interpreter may designate another provider number (such as a group or clinic) as the payee.

Individual interpreters needing a provider account number must submit a provider application and form W-9 to the department. The Provider Application and Notice can be printed from the Internet at http://www.lni.wa.gov/hsa/forms/htm. Providers can also request a provider application by calling the Provider Hotline at 1-800-848-0811 or by calling the department's Provider Accounts Section at: (360) 902-5140.

Submitting Bills
Providers may submit bills electronically or on paper forms.

Electronic Billing
Electronic billing reduces the time for processing and paying bills. Providers who want to bill electronically must submit an "Electronic Billing Authorization" form (F248-031-000) to the department's electronic billing unit. The form can be accessed on the Internet by going to http://www.lni.wa.gov/hsa/forms/Tables/ElectronicBilling.htm. The form can also be ordered from the department's warehouse at:

Warehouse
Department of Labor and Industries
PO Box 44843
Olympia, WA 98504-4843

When requesting forms, please specify the form number and the quantity needed.

For more information about electronic billing, contact the department's electronic billing unit at:

Electronic Billing Unit
Department of Labor and Industries
PO Box 44264
Olympia WA 98504-4264
(360) 902-6511 or (360) 902-6512

Paper Billing
Paper bills should be submitted on the green "Statement for Miscellaneous Services" form. These forms are produced in single sheets (F245-072-000) or as a continuous form (F245-072-001), and are available from an L&I field office or from the department's warehouse at the address specified in "Electronic Billing" above. When requesting forms, please specify the form number and the quantity needed.

Charges Billed to the Insurer
Interpreters must bill their usual and customary fees when interpreting for injured workers or crime victims. The insurer will pay the lesser of the interpreter's usual and customary fee, or the fee schedule maximum (See WAC 296-20-010(2)).

Services Billed to the Insurer
Covered Services
The following interpretive services are covered and may be billed to the insurer. Payment is dependent on authorization requirements, service limits and department policy.

Interpreters may bill the insurer for:

- Interpretive services providing language communication between the claimant and a health care or vocational provider.
- Time spent waiting for an appointment that does not begin at its scheduled time (when no other billable services are provided during the wait time).
- Time spent assisting a claimant with the completion of an insurer form.
- Time spent waiting when a worker does not show up for an insurer requested Independent Medical Exam (IME).
- Time spent translating a document at the request of the insurer.
- Miles driven from a point of origin to a destination point and return.

Services Not Covered
The following services are not covered and may not be billed to the insurer:

- Services provided for a denied or closed claim (except for services provided for a claimant's initial visit or for the services associated with a claimant's application to reopen a claim).
- Time spent waiting for an appointment that does not begin at its scheduled time if other billable services are performed during the wait time (e.g. document translation or assisting a claimant with form completion).
- Missed appointments for any service except an insurer requested Independent Medical Exam (IME).
- Personal assistance on behalf of the claimant such as scheduling appointments, translating correspondence, or making phone calls.
- Document translation requested by anyone other than the insurer, including the injured worker.
- Interpretive services provided for communication between an attorney or worker representative and the claimant.
- Travel time and travel related expenses, such as meals. (Some mileage is payable as noted in other sections of this bulletin.)
- Overhead costs, such as for photocopying and preparation of billing forms.

Billing Codes
Interpreters should bill the following codes for interpretive services provided on or after 03-01-03. Interpreter time that exceeds 8 hours in a workday will be a basis for pre and post payment review. The 8-hour threshold applies to the combined total of all interpretive services paid per minute (9989M, 9990M, 9991M, 9996M, and 9997M).

The procedure code descriptions and maximum payments are listed below:

Code	Description	Maximum Fee	Code Limits
9989M	Interpretive services provided directly between the health care or vocational provider and the claimant, per minute	$1.00 per minute	Billed time greater than 8 hours per day will be a basis for review.
9990M	Time spent assisting claimant with completion of insurer form, per minute, outside of the time spent with the provider of health or vocational services.	$1.00 per minute	
9991M	Wait time for an appointment that does not begin at the scheduled time.	$0.50 per minute	Billed time greater than 60 minutes will be a basis for review.
9996M	Interpreter "No show" wait time when a worker does not attend an insurer requested IME, per minute	$0.50 per minute	Billed time greater then 60 minutes will be a basis for review.
9997M	Document translation at insurer request, per minute	$1.00 per minute	Prior authorization is required for each document translated.
9986M	Interpreter mileage, per mile.	State employees' mileage rate*	Mileage billed beyond 50 miles per day per claim and total mileage beyond 75 miles per day to include **all claims,** will be a basis for review.

* Interpreters' mileage will be reimbursed at the rate paid to Washington State employees, which is established by the Office of Financial Management. At publication time the mileage rate is $0.345 per mile.

Billing for Group Services

When interpretive services are provided for two or more claimants concurrently, the time billed must be prorated among the claims. Total time billed for all claims must not exceed the actual time spent providing services.

Example:
An interpreter is interpreting for three (3) claimants at a physical therapy clinic from 9:00 am to 10:00 am. The 3 claimants are simultaneously receiving therapy at different stations. Although the same times (9:00 am to 10:00 am) must be documented for all three claimants, the amount of direct interpretive time billed should be prorated between the 3 claimants; 20 minutes each. If later audited by the department, the documentation should clearly show that there were 3 claimants.

Billing for Mileage

When traveling to a single location to serve multiple claimants, mileage must be prorated among the claims. The mileage proration applies to all claimants for whom the interpreter provides services. Total mileage billed for all claims must not exceed the total miles driven.

Mileage traveled beyond a 50-miles per claimant or 75 miles total per day will be a basis for pre and post payment review.

Example 1:
An interpreter travels from her office to a clinic where she has an 8:30 a.m. appointment with one claimant and a 9:00 a.m. appointment with a second claimant and a 10:00 a.m. appointment with a

third claimant. The interpreter drives 5 miles to the clinic, interprets for the three claimants and drives another 5 miles returning to her office.

The interpreter may bill a maximum of 10 miles for the sum of miles billed for all three claims. The interpreter should bill 4 miles for one claim and three miles each for the other two claims.

Example 2:
An interpreter drives 5 miles from his office to a physician's office and provides interpretive services for a claimant. Following this appointment the interpreter drives 8 miles from the physician's office to a physical therapist's office and provides interpretive services for three claimants receiving group physical therapy services. Following the physical therapy appointment, the interpreter drives 4 miles back to his own office.

The interpreter may bill a maximum of 17 miles total for these claims. The interpreter should bill 5 miles for the first claimant and prorate the remaining 12 miles (four miles each) between the other three claims.

Billing – Type of Service and Appropriate Coding

The following are examples of how to determine the type of service and appropriate billing codes. In addition to these codes, make sure to review the billing instructions outlined in the *Medical Aid Rules and Fee Schedules*.

Example #1 – Determining the Type of Service and Code to Bill

Example Scenario	Time Frames	Type of Service	Code to Bill
Interpreter drives 8 miles from his place of business to interpret for a workers' office visit with the attending physician (AP).	**Not applicable**	Mileage	Bill 8 units of 9986M
Worker has a 9:30 am scheduled appointment with the AP.	9:30 am to 9:45 am.	15 minutes of wait time.	Bill 15 units of 9991M
Worker is taken into the exam room and examined for 20 minutes. AP leaves room for 5 minutes, returns and writes a prescription for x-rays and medication.	9:45 am to 10:15am	30 minutes of interpretive services	Bill 30 units of 9989M
Interpreter drives 4 miles to meet worker for an appointment for X-rays. This takes 10 minutes. They wait 10 minutes before going in for X-rays, which take 20 minutes.	10:15 am to 11:00 am.	10 minutes of wait time 20 minutes of interpreter services Mileage	Bill 10 units of 9991M Bill 20 units of 9989M Bill 4 units of 9986M
Interpreter drives a few blocks to meet worker at the pharmacy. They wait in line for 5 minutes, and it takes 5 minutes to obtain the prescription.	11:00 to 11:20	5 minutes of interpretive time 5 minutes of wait time Mileage (1 mile)	Bill 5 units of 9989M Bill 5 units of 9991M Bill 1 unit of 9986M
After completing the interpretive services, the interpreter drives 12 miles to his next interpretive appointment	**Not applicable**	Mileage	Bill 12 units of 9986M
Total Payable Services for the above doctor appointment, subsequent services and mileage		Wait time Interpreter Services Mileage	30 units 9991M 55 units 9989M 13 units 9986M

Example #2 – Determining the Type of Service and Code to Bill

Example Scenario	Time Frames	Type of Service	Code to Bill
Interpreter drives 8 miles from her place of business for a worker's office visit with the attending physician (AP).	**Not applicable**	Mileage	Bill 8 units of 9986M
Meet the worker at the AP's office for a scheduled 9:30 appointment and wait for 15 minutes.	9:30 am to 9:45 am	15 minutes of wait time	Bill 15 units of 9991M
Worker is taken into exam room and examined for 30 minutes	9:45am to 10:15 am	30 minutes of interpretive services	Bill 30 units of 9989M
After completing the interpretive services, the interpreter drives 8 miles back to her place of business.	**Not applicable**	Mileage	Bill 8 units of 9986M
*There is a 1 ½ hour interval between the AP appointment and the standing PT appointment for this worker. This time may **not** be billed.*			
Interpreter drives 5 miles from her place of business to interpret for the same worker's physical therapy appointment.	**Not applicable**	Mileage	Bill 5 units of 9986M
Worker's standing physical therapy appointment at a PT clinic	11:45 am to 12:30 pm	45 minutes of interpretive service	Bill 45 units of 9989M
After completing the interpretive services, the interpreter drives 5 miles back to her place of business.	**Not applicable**	Mileage	Bill 5 units of 9986M
Total Payable Services for the above doctor appointment, subsequent services and mileage		Wait time Interpreter Services Mileage	15 units of 9991M 75 units of 9989M 26 units of 9986M

Place of Service
When billing, make sure to use the Place of Service (POS) code for the location of service. POS codes can be found in the *Medical Aid Rules and Fee Schedules* and on the back of the Miscellaneous green billing form. It can also be accessed at http://www.lni.wa.gov/hsa.

Documentation Requirements

For audit purposes, documentation of interpretive services must be retained for a minimum of five years per Washington Administrative Code 296-20-02005, which states:

> *A health services provider who requests from the department payment for providing services shall maintain all records necessary for the director's authorized auditors to audit the provision of services. A provider shall keep all records necessary to disclose the extent of services the provider furnishes to industrially injured workers. At a minimum, these records must provide and include prompt and specific documentation of the level and type of service for which payment is sought. Records must be maintained for audit purposes for a minimum of five years.*

This documentation includes the documentation logs, appointment books, notes and copies of bills. Documentation at a minimum must include:

- Date of service
- Names and claim numbers of all claimants served

Additionally, for the following categories, documentation must include:

Time Spent Interpreting

- Time the appointment began (when the claimant entered the location where direct services were provided) and ended
- Type of visit (e.g., office visit, physical therapy visit, etc.)
- Total length of the appointment, in minutes
- Name and location of the health care or vocational provider who provided services.

Wait Time

- Scheduled appointment time
- Time the appointment actually began (when the claimant entered the location where direct services were provided)
- Total wait time, in minutes
- Name and location of the health care or vocational provider

Form Completion

- A brief description of the form or forms (e.g., Report of Accident)
- Time the interpreter began and ended assisting the worker with form completion
- Total time in minutes

IME No Show

- Scheduled appointment time
- Name and location of the scheduled IME

Document Translation

- A brief description of the document translated
- Time the interpreter began and ended the document translation
- Total time in minutes

Mileage

- Vehicle used for travel (identified by make, model, and license plate)
- Address of the point of origin (street address and zip code required)
- Address of the destination point (street address and zip code required)
- Vehicle's odometer reading at the point of origin and the destination point
- Total miles driven in the course of business (excluding any miles traveled for any side trips taken on the way to the destination point)

Mileage traveled beyond 50-miles per claimant or 75 miles total per day will be a basis for pre and post payment review. If mileage is being claimed for more than one client concurrently, then the mileage must be prorated between clients.

Resources

Laws and Rules Relating to Interpretive Services

The following laws and rules contain information relevant for interpreters and can be accessed at the Washington State Legislature's web site. Links to these laws and rules are located on the department's Provider Information home page at www.lni.wa.gov/hsa.

RCW Chapter 5.60	Witnesses – Competency
WAC 296-20-010	General Rules
WAC 296-20-01002	Definitions
WAC 296-20-015	Who May Treat
WAC 296-20-02010	Review of Health Services Providers
WAC 296-20-022	Out of State Providers
WAC 296-20-124	Rejected and Closed Claims
WAC 296-20-097	Reopenings
WAC 296-23-165(3)	Miscellaneous Services
WAC 296-23-255	Conditions for Accompaniment

Self-Insured Employer Lists

The address list for self-insured employers is available on the department's web site. To access the list, go to the department's main page at www.lni.wa.gov and select "Self-Insured Employer Lists" from the drop down menu list. The address list may also be requested by calling (360) 902-6860.